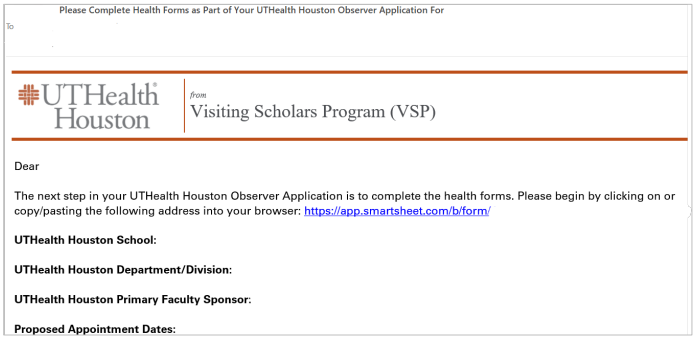
Health Clearance for Visiting Scholars Program

Once the application is submitted to the VSP Office, the applicant will receive an email with a link to complete the Health History Questionnaire and upload the required health records.

Example of email that the applicant will receive:



Please Complete Health Forms as Part of Your UTHealth Houston Observer Application For

To

UTHealth Houston

from Visiting Scholars Program (VSP)

Dear

The next step in your UTHealth Houston Observer Application is to complete the health forms. Please begin by clicking on or copy/pasting the following address into your browser: https://app.smartsheet.com/b/form/

UTHealth Houston School:

UTHealth Houston Department/Division:

UTHealth Houston Primary Faculty Sponsor:

Proposed Appointment Dates:

List of Required Immunizations, Tests for Visiting Scholars at UTHealth Houston:

Environment to be encountered	Observer	Professional Trainee	Visiting Student
Office or classroom setting	• Health History Questionnaire	• Health History Questionnaire	• Health History Questionnaire
Research lab, no animals, no potential bloodborne pathogen exposures	• TB test • Tetanus/Tdap • Health History Questionnaire	• TB test • Tetanus/Tdap • Health History Questionnaire	• TB test • Tetanus/Tdap • Health History Questionnaire
Research lab, no animals, but with potential bloodborne pathogen exposures	• TB test • Tetanus/Tdap • Health History Questionnaire • Hep B series	• TB test • Hep B series • Tetanus/Tdap • Health History Questionnaire	• TB test • Hep B series • MMR • Tetanus/Tdap • Health History Questionnaire
Research lab, with animals, but no potential bloodborne pathogen exposures	• TB test • MMR • Tetanus/Tdap • Health History Questionnaire	• TB test • MMR • Tetanus/Tdap • Health History Questionnaire	• TB test • MMR • Tetanus/Tdap • Health History Questionnaire
Research lab, with animals, with potential bloodborne pathogen exposures	• TB test • MMR • Tetanus/Tdap • Health History Questionnaire	• TB test • MMR • Tetanus/Tdap • Hep B series • Health History Questionnaire	• TB test • MMR • Tetanus/Tdap • Hep B series • Health History Questionnaire
Direct patient contact	• TB test • MMR • Tetanus/Tdap • Varicella • Seasonal Influenza • Health History Questionnaire	• MMR • Tetanus/Tdap • TB test • Hep B series • Varicella • Seasonal Influenza • Health History Questionnaire	• MMR • Tetanus/Tdap • TB test • Hep B series • Varicella • Seasonal Influenza • Health History Questionnaire

ALL SUPPORTING DOCUMENTS AND LAB REPORT MUST BE IN ENGLISH.

Notes:

• Occupational Health Program Enrollment occurs when visitor is added to Animal Welfare Committee (AWC) research protocol.

• Bloodborne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV) (29 CFR 1910. 1030(b)

• MMR Measles (rubeola) vaccine: (2 are required if born after January 1, 1957) or Positive rubeola titer (attach lab report)
Mumps vaccine or Positive mumps titer (attach lab report)
Rubella vaccine or Positive rubella titer (attach lab report)

• Tetanus/diphtheria or Tdap (Within last 10 years)

• Varicella vaccine series (2 doses given at least 28 days apart) or Chicken pox disease (documented by health care provider) or positive varicella titer (attach lab report)

• Bacterial Meningitis (Meningococcal) vaccine (within past 5 years)

• Negative TB skin test or negative chest Xray required within the last 6 months, even if you received BCG vaccine as a child. **OR NEGATIVE TB blood test within the last 6 months (QuantiFERON-TB Gold In-Tube test (QFT-GIT), or NEGATIVE T- SPOT within the last 6 months**

• Hepatitis B vaccine series (3 injections) or positive Hepatitis B surface antibody titer (attach lab report) OR Positive Hepatitis B surface antibody titer (attach lab report)